

MAR 03 2014

Due March 3, 2014

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment

☐ Yes☐ No**1. Committee Information**

a. Full Name	c. ID Number
ERNEST THOMAS FOR SHERIFF	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
104 EFIED BLVD APT 22 NEW BERN N.C. 28562	
	e. Phone Number

2. Candidate Information☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
ERNEST THOMAS		REPUBLICAN
		(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
SAME AS ABOVE	SHERIFF OF CRAVEN COUNTY	
c. Phone Number	d. Email Address	h. Next Election Year
252-617-0490	etnewbernnc@yahoo.com	
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction

3. Treasurer Information**4. Custodian of Books Information**

a. Full Name	a. Full Name
SAME AS ABOVE	SAA
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
SAA	SAA
c. Phone Number	d. Email Address
c. Phone Number	d. Email Address

I prefer to receive notices by email ☐ Yes ☐ No ☐ Email copy of notices**5. Assistant Treasurer Information**☐ Add☐ Remove**6. Account Information** (incl. CRO-3500)☐ Add☐ Remove

a. Full Name	a. Financial Institution Full Name
NONE	STATE EMPLOYEES CREDIT UNION
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
c. Phone Number	d. Email Address
c. Account Code	d. Type
<input type="checkbox"/> Email copy of notices	

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

ERNEST THOMAS

Printed Name of Signer



Signature of Appointed Treasurer

03-03-14

Date



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

MAR 03 2014

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

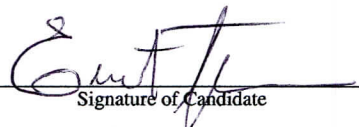
Candidate Name: ERNEST THOMAS
Treasurer Name: ERNEST THOMAS
Treasurer Address: 104 ERIN BLVD APT 22
(include city, state, & zip) NEW BERN N.C. 28562

Treasurer Phone: 252 617-0491

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

03-03-14
Date Signed


Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

MAR 03 2014

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:

Committee Name: Ernest Thomas For Sheriff
Treasurer Name: Ernest Thomas
Treasurer Address: 104 ERIND BLVD APT 22
(include city, state, & zip) NEW BERN N.C. 28562

Treasurer Phone: _____

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

____ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

03-03-14
Date Signed

Ernest Thomas
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.